Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2008

SCANNE NOV 1 2 2009

Depa Interr	rtment of al Reven	the Treasury lue Service		► The organization may have to use a copy of the	nis return to satis	fy state reportir	ig requirem	nents	Ор	en to Public Ins	pection
	For the	2008 calend	lar year,	or tax year beginning 7/01	, 2008,	, and ending	6/3			, 2009	
В	Check if a	applicable	-					D Employ	er Iden	ntification Number	
	Add	ress change	Please use IRS label	OCCA, INC.				56-	240	7791	
	Nam	ne change	or print or type	215 Turrentine Pl	F10			E Telepho	one nun	nber	
	Initia	al return	See specific	Russellville, AR 72802-8	218			(47	9) 4	498-2066	
	Terr	nınatıon	instruc- tions.								
	Ame	ended return						G Gross r	eceipts	<u>s 160,</u>	202.
	Арр	lication pending		and address of principal officer Darrell M	Moore			a group retur		H	XNo
				As C Above				affiliates inc attach a list		nstructions) Yes	∐ N o
1		exempt statu		(c) (3) (insert no) 494	47(a)(1) or	527					
<u>J</u>		site: ► N/			- 1.			exemption n			
K		f organization	X Corpora	ation Trust Association Other	<u> </u>	Year of Formation	on ZUU:	5 IVI :	State of	legal domicile CA	
Pa		Summa		ganization's mission or most significant	activities A		ont h	014 0+	+h	0.02220	
JCe				ounds_in_Costa_Mesa,_Calif crough_education			F116 - 151	-C3CT_0	3570	TI _ GT _ ATITE	95
па	ا ـ	AD COMPAT	162 71								
Activities & Governance	2	Check this bo	× •	if the organization discontinued its open	ations or disp	osed of mor	e than 2	5% of its	asset	 ts.	
8				bers of the governing body (Part VI, line					3		4
es				it voting members of the governing body	y (Part VI, line	elb).			5	· · · · · · · · · · · · · · · · · · ·	0
Ζį				yees (Part V, line 2a) eers (estimate if necessary)			•		6		40
Act				pusiness revenue from Part VIII, line 12,	column (C)				7 a	1	0.
				s taxable income from Form 990-T, line					7 b		0.
							Р	rior Year		Current Ye	ear
•	8 (Contributions	and gran	its (Part VIII, line 1h)							
Revenue				ue (Part VIII, line 2g)				207,3	L38.	160,	202.
eve				art VIII, reolumn Junes 18/18 and 7d)							
-				III, column (A) Three 5, 6d, 8c, 9c, 10c.		10)		207 -	120	160	202
_				nes 8 through TI (must equal Part VIII)		ine 12)	 	207,	138.	160,	202.
				ounts pata (ParhiX, column (A), line \$7 members (Part IX, column (A), line 4)						 	
				nsation, em ployee benefits (Part IX , column		s 5-10\				 	
es				ig fees (Part IX) Column (A) Iline 110)		3 3-10)				1	
Expenses				C	_	•					
EX				nses (Part IX, column (D), line 25)				215 1	212	140	625
		•	-	IX, column (A), lines 11a-11d, 11f-24f)	(A) I OF)			215,3			635.
		•		nes 13-17 (must equal Part IX, column ((A), line ∠5)	•		215,3			567.
	19 F	revenue less	expense	s Subtract line 18 from line 12			- .	-8,			
anco anco	20 7	F-4-14- /	/D V . I.	16)			Begin	nning of 1		End of Ye	ar 481.
Bal		Fotal assets (Fotal liabilitie						41,	0.	25,	0.
Net Assets or Fund Balancos			•	ances Subtract line 21 from line 20	•			41,5		25	481.
	rt II		re Blo				J	41/	,,,,	25,	, 101.
<u> </u>			<i>/</i> \		accompanying sch	edules and state	ments, and	to the best	of my ki	nowledge and belief, i	t is
		true, correct,	nd complete	l fecla er at I have examined this return, including a becla tall in of preparer (other than officer) is based	on all information	of which prepar	er has any l	knowledge	,		
Sig	ın	 ► //	Varia	XVIII.				10-	20	- 2009	
He	re	Signature	of officer				Da	ate		7	
			ell Mo				CFO				
		Type or pr	int name an	d title					Τ.		
_			\sim	-00		Date		heck if elf-		Preparer's identifying i (see instructions)	number
Pa Pre		Preparer's		0///0 =1		0 /01 /00	er	mployed	· XI,	000001055	
	;- rer's	signature	<u>ر -</u>	el Julle, EA	!	8/31/09	<u>, </u>	_		P00021255	
Ùs	е	Firm's name (or yours if self-					\longrightarrow	^)E. 2	901056	
On	ly	employed), address, and		40 Bolsa Chica Rd. #A			EI		(71	801956 (4) 899-222	1
	. 46 15	ZIP + 4		tminster, CA 92683-4868 with the preparer shown above? (see in	ctructions)		I PI	hone no	(/ 1	X Yes	No
_				rwork Reduction Act Notice, see the se		ctions.		TEEA0112	L 12/2		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0112L 12/22/08

Form 990 (2008) OCCA, INC.	56-240779	l_ Page 2
Part III Statement of Program Service Accomplishments (see instructions)		
Briefly describe the organization's mission		
Promotion of charitable, educational, and cultural interests.		
2 Did the organization undertake any significant program services during the year which were not listed on	the prior	
Form 990 or 990-EZ?		Yes X No
If 'Yes.' describe these new services on Schedule O.		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?	Yes X No
If 'Yes,' describe these changes on Schedule O		_
4 Describe the exempt purpose achievements for each of the organization's three largest program services	by expenses. Sec	tion 501(c)(3)
and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	allocations to oth	ers, the total
expenses, and revende, it any, for each program solvies reported		
1.62 + 1.6	·	160 202 \
4a (Code (Expenses \$ 143,874. including grants of \$ 8,986.) (F Annual event held at the Orange County Fairgrounds in Costa Mesa,		
the preservation of vintage automobiles through education	Carriornia	Promores
the preservation of vintage automobiles through education.		
4b (Code) (Expenses \$ including grants of \$) (F	Revenue \$)
The could be a second of the country		·····/
4c (Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
	. – – – – – –	
4d Other program services (Describe in Schedule O)		
(Expenses \$ including grants of \$) (Revenue \$)
4e Total program service expenses ► \$ 143,874. (Must equal Part IX, Line 25, column (B)))	

			tes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		<u>X</u> _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x_
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		X
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the U.S ?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		Х_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		X
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No, 'go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		<u>X</u>
BAA		Form	990 ((2008)

I ai	CIV Checkiist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
á	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee),			
	or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		х
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
BAA		Form	990	(2008)

Form 990 (2008) OCCA, INC. 56-24077	91	F	age 5
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.	٥		
Information Returns Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	尚		
	4		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .	1 c		
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a	0		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see instructions)		— —	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
this return?	3a 3b	-	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	30	} 	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country	4		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	<u> </u>	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 0		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were n deductible?	ot 6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			T
Form 8282?	7c	ļ	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year .	-{	Ì	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Х
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
excess business holdings at any time during the year?	8	ļ	
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9 b	 	
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11 Section 501(c)(12) organizations. Enter:	\dashv		
a Gross income from other members or shareholders.	1		
b Gross income from other friembers of shareholders. b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	7		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	·		

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Form **990** (2008)

Form 990 (2008) OCCA, INC.

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

<u> </u>	tion A. Governing body and management			
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions		Yes	No
1:	a Enter the number of voting members of the governing body			1
ı	b Enter the number of voting members that are independent . 1b]		1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		`
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents	4		X
	since the prior Form 990 was filed?.			
5	Did the organization become aware during the year of a material diversion of the organization's assets? See Sch 0	5	Х	
6	Does the organization have members or stockholders?	6		X
7	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		х
1	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?.	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	X	
ı	Each committee with authority to act on behalf of the governing body?	8b		X
9	Does the organization have local chapters, branches, or affiliates?	9a		Х
ı	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9 b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 See Schedule O	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O See Schedule O	11	х	
<u>Sec</u>	tion B. Policies			
			Yes	No
12	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		<u>X</u>
ı	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
(Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		Х
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.			
	The organization's CEO, Executive Director, or top management official?	15 a		_X
1	Other officers of key employees of the organization? .	15 b		<u>X</u>
	Describe the process in Schedule O (see instructions)			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
ı	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosures	.00		
17	List the states with which a copy of this Form 990 is required to be filed CA			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply.	vaılabl	e for p	oublic
	Own website Another's website X Upon request			
			ad fina	incial
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest postatements available to the public See Schedule O	ıcy, ar	iu iii ia	
19 20	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest postatements available to the public See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the org			
20	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest postatements available to the public See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the org Darrell Moore 215 Turrentine Pl Russellville AR 72802-8518 (479) 498-2066			

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Page 7

Form 990 (2008)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order, individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization did no	t compen	sate a	ny d	office	er, (directo	or, tr	ustee, or key employ	ee.	
(A)	(B)			(0	c)			(D)	(E)	(F)
Name and Title	Average hours		tion (all t	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099 MISC)	compensation from related organizations (W-2/1099-MISC)	amount or other compensation from the organization and related organizations
Jean White	3			х				0.	0.	0.
	3			_	┝		┝	U.	U .	U.
Ruby Norris Ex-Secretary	3			х				0.	0.	0.
Darrell Moore CFO	3			Х				0.	0.	0.
Judy Robertson Holck Secretary	3			х				0.	0.	0.
										
	_									

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Part VII Section A. Officers, Directors, Trust		(ey	Em			es,	an	T .		
(A) Name and Title	(B) Average	Posi	tion (c) call t	hat a	pply)	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week			Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other
			_							:
					_					
			_	ļ	_	_				-
			_							
						_				
							Ļ			
1b Total					·	* 1	<u>►</u>	0.	0	
2 Total number of individuals (including those in 1a) v organization ► 0	vho rece	eive	d mo	ore i	than	1 \$11	00,0	00 in reportable o	ompensation fron	i the
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if the organization and related organizations greater translation. 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Schedule 1 in the complete Schedule 1 in the complete Schedule 1 in the complete Schedule 2 in the complete Schedule 3 in the complete 3 in the co	ndividua portable han \$15	ol e cor 50,00	npe)0?	nsa If 'Y	tion es'	and com	l oth	er compensation e Schedule J for	from such	Yes No 3
Section B. Independent Contractors							- 46		han \$100,000 of	
Complete this table for your five highest compensation from the organization.	ea mae	реп	uem	COI	шас	Juli	S 1116	T received more t	Tian \$100,000 or	
(A) Name and business addres	S							Description) of Services	(C) Compensation
	· · · · · ·						-			
2 Total number of independent contractors (including compensation from the organization ▶ 0	those in	n 1)	who	rec	eive	ed n	nore	than \$100,000 in		

ı a	TO VIII Statement of Neverlac	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns b Membership dues c Fundraising events. d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in lns 1a-1f \$				
	h Total. Add lines 1a-1f Business Code 2a Vintage Automoble Exhibit 611710	160,202.	160,202.		
PROGRAM SERVICE REVENUE	b				
OGR/	f All other program service revenue				
<u> </u>	g Total. Add lines 2a-2f ▶	160,202.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 				
	(i) Real (ii) Personal 6a Gross Rents b Less. rental expenses c Rental income or (loss)				
	d Net rental income or (loss) ▶				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				t t
	b Less. cost or other basis and sales expenses c Gain or (loss)				
NUE	d Net gain or (loss) 8a Gross income from fundraising events (not including \$				
OTHER REVE	of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses b				1
Ф	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				/
	11a				
	c d All other revenue			· · · · · ·	
	e Total. Add lines 11a-11d				<u> </u>
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	160,202.	160,202.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		expenses	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			_	
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				
10	Payroll taxes				
11	Fees for services (non-employees)				
;	a Management				
1	b Legal				
(c Accounting	1,050.		1,050.	
(d Lobbying				
•	e Prof fundraising svcs. See Part IV, In 17	<u></u>			
1	Investment management fees				
(g Other				
12	Advertising and promotion	9,676.	9,676.		
13	Office expenses	1,289.		1,289.	
14	Information technology				
15	Royalties				<u> </u>
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				_
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance	3,270.	3,270.		
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below).				1
	a Venue Rental	60,000.	60,000.		
	Outside Services	32,557.	32,557.		
•	Printing and Publications	12,245.	12,245.		
•	Car Expenditures	10,890.	10,890.		
•	Lodging	9,838.	9,838.		· · · · · ·
1	All other expenses	7,820.	5,398.	2,422.	
_25	Total functional expenses. Add lines 1 through 24f	148,635.	143,874.	4,761.	0.
26	Joint Costs. Check here ► ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA	<u> </u>				Form 990 (2008)

	107	Balance once:	(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	41,527.	1	25,481.
	2	Savings and temporary cash investments	-	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	·	4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net		7	
S E	8	Inventories for sale or use .		8	
T S	9	Prepaid expenses and deferred charges.		9	
	10 a	Land, buildings, and equipment: cost basis 10a			,
	ь	Less accumulated depreciation. Complete Part VI of			
		Schedule D 10b		10 c	
	11	Investments – publicly-traded securities		11	
	12	Investments – other securities See Part IV, line 11	"	12	
	13	Investments - program-related See Part IV, line 11		13	,, -,
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34).	41,527.	16	25,481.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue.		19	
L	20	Tax-exempt bond liabilities		20	
AB	21	Escrow account liability Complete Part IV of Schedule D		21	
LIABILIT	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
i E S		of Schedule L		22	
s	23	Secured mortgages and notes payable to unrelated third parties		23	···
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D .		25	
	26	Total liabilities. Add lines 17 through 25.	0.	26	0.
Ĕ		Organizations that follow SFAS 117, check here ► X and complete lines		1 1	
_		27 through 29 and lines 33 and 34.	41 500	 - -	05 401
ASSE	27	Unrestricted net assets	41,527.	27	25,481.
E T S	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
Q R		Organizations that do not follow SFAS 117, check here ▶ □ and complete		1 1	
F 720		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Ă	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds	41 527	+ +	25 401
BALAZCES	33	Total net assets or fund balances.	41,527. 41,527.	33	25,481. 25,481.
	34 rt X	Total liabilities and net assets/fund balances Financial Statements and Reporting	41,527.	34	23,401.
ГС	II A	Financial Statements and Reporting			Yes No
1	۸۵	counting method used to prepare the Form 990 X Cash Accrual	Other		Tes No
1		counting method used to prepare the Form 990 X Cash A Accrual A re the organization's financial statements compiled or reviewed by an independent			2a X
2		ere the organization's financial statements compiled or reviewed by an independent accountant?	accountant"		2b X
		- · · · · · · · · · · · · · · · · · · ·	ly for oversight of the s	audit	A
		Yes' to 2a or 2b, does the organization have a committee that assumes responsibilitiew, or compilation of its financial statements and selection of an independent accordance aresult of a federal award, was the organization required to undergo an audit or au			2c
-	Au	dit Act and OMB Circular A-133?	and do to to the me	Jg.0	3a X
	b If "	Yes,' did the organization undergo the required audit or audits?	·		3b
BA	Α				Form 990 (2008)

SCHEDULE A (Form: 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(ii)

Public Charity Status and Public Support

To be completed by all section 501 (cχ3) organizations and section 4947(aχ1) nonexempt charitable trusts.

Nonexempt chantable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008

Open to Public Inspection

Employer identification number Name of the organization 56-2407791 Part | Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(bX1XAXiii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section** 170(b)(1)(A)(iv). (Complete Part II) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after X 9 June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III- Other Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i)

(i) Name of Supported (ii) EIN Organization		(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in cold in your irning ment?	(v) Did y the organ col o your su	ou notify ization in (i) of ipport?	(vi) li organizati (i) organiz U S	s the ion in col zed in the 5 ?	(vii) Amount of Supp
			Yes	No	Yes	No	Yes	No	
						<u> </u>			
	<u>.</u>								

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

a family member of a person described in (i) above?

a 35% controlled entity of a person described in (i) or (ii) above?

Schedule A (Form 990 or 990-EZ) 2008

11 g (ii)

11 g (iii)

Sche	edule A (Form 990 or 990-EZ) 200	8 OCCA,	INC.			56-2407791	
Pai	t'll Support Schedule for	•			(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(vi)
	(Complete only if you check	ed the box on	line 5, 7, or 8 of Pa	rt I)			
	tion A. Public Support	г		 			
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	,			т	T T	
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income form unrelated business activities, whether or not the business is regularly carried on .						
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	/ities, etc (see	instructions)	. .	•	12	
13	First five years. If the Form 990 organization, check this box and	is for the organ	nization's first, seco	ond, third, fourth,	or fifth tax year a	is a section 501(c)	(3)
Sec	tion C. Computation of Pu		t Percentage				
	Public support percentage for 20 Public support percentage for 20	•	•			14 15	<u>%</u> %
16	33-1/3 support test — 2008. If the and stop here. The organization	e organization	did not check the b	ox on line 13, an	d the line 14 is 33	3-1/3 % or more, ch	neck this box ▶ □
ı	33-1/3 support test – 2007. If the and stop here. The organization	e organization	did not check a box	on line 13, or 16	a, and line 15 is 3	33-1/3% or more, c	heck this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	est – 2008. If the meets the 'factor'	he organization did ts-and-circumstance	not check a box o	s box and stop he	re. Explain in Part	10% IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'fact id-circumstance	ts-and-circumstance es' test. The organ	es' test, check this iization qualifies a	s box and stop he s a publicly suppo	r e. Explain in Part orted organization.	IV how the ▶ □
_18	Private foundation. If the organi	zation did not	check a box on line	, 13, 16a, 16b, 17			
BAA	_				So	chedule A (Form 99	90 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 0. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 83,503 207,138 160,202 692,455. 241,612 purpose Gross receipts from activities that are not an unrelated trade or business 0. under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Ο. 207,138 160,202 692,455. 0. 83,503. 241,612. 6 Total, Add lines 1-5 7a Amounts included on lines 1. 2, 3 received from disqualified 0 0 0 0. 0 0. persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 O 0 0 0 0 Ο. 0 0 0 0 0 0. c Add lines 7a and 7b 8 Public support (Subtract line 692,455. 7c from line 6) Section B. Total Support (e) 2008 (f) Total Calendar year (or fiscal yr beginning in) ► (a) 2004 (b) 2005 (c) 2006 (d) 2007 692,455. 0 83,503. 241,612. 207,138. 160,202 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, rovalties and income form similar sources 0. **b** Unrelated business taxable income (less section 511 taxes) from businesses 0. acquired after June 30, 1975 0. 0. 0. 0 0 0. c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is 0. regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Ο. 692,455. 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) ► X organization, check this box and stop here Section C. Computation of Public Support Percentage 15 % 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). 16 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 19 a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990 or	990-EZ) 2	2008 (OCCA,	INC.					50	5-24077	91	Page 4
Part IV	Suppleme	ntal Info	rmatio	n. Com	plete t	his part	to provi	de the	explanation additional in	required	by Part	II, line 10	0;
	Part II, line	17a or	17b; o	r Part I	İl, lıne	12. Pro	vidė any	other	addıtıonal ın	formation	n. (see i	nstruction	าร์)
				- -									
		-											

SCHEDULE L (Form 990 or 990-EZ)

Transactions with Interested Persons

2008

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Open to Public Inspection

OMB No 1545-0047

Name of the o	rganization		Employer identification number										
OCCA,	INC.		56-2407791										
Part I	Excess Benefit Transactions To be completed by organizations that	s (sect	ion 501 ered 'Yes	(c)(3) a on Form	ind section 990, Part IV,	501(c)(4 line 25a or	1) organıza 25b, or Forn	ations n 990-	only EZ, Pa	/). rt V, lı	ne 40	b.	
1	(a) Name of disqualified person					h) Description	n of transaction					(c) Corrected?	
1 (a) Name of disqualified person					1 of transaction	<u> </u>				Yes	No		
2 Enter	r the amount of tax imposed on the o	rganıza	tion man	agers or	disqualified pe	ersons dur	ing the year	under	▶ \$				
3 Enter	r the amount of tax, if any, on line 2,	reimburs	sed by the	organization				▶ \$					
Part II	Loans to and/or From Intere To be completed by organiza Part V, line 38a.	sted P	ersons that an	s. swered	'Yes' on Fo								
(a)	Name of interested person and purpose	(b) Loan the orga	to or from anization?	(c) princi	Original pal amount	(d) Balance due		(e) In default?		(f) Approved by board or committee?		(g) W agree	ritten ment?
Da 1 1	1 Waarra da	То	From					Yes	No	Yes	No	Yes	No
Darrel.	l Moore to cover expense	X			59,902.			 	Х	X	-		X
													
								-					
			 					 		· ·			
Total					▶ \$								
Part III	Grants or Assistance Benefi To be completed by organiza	tting I	nterest that an	t ed Pers swered	ons. 'Yes' on Fo	rm 990,	Part IV, Iı	ne 27	7.				
	(a) Name of interested person	((b) Relations	ship between the organ	ınterested person ıızatıon	and	(c) A	mount of	grant o	r type o	f assista	ince	
	· · · · · · · · · · · · · · · · · · ·												
									·	•			
							<u>-, </u>						
Part IV	Business Transactions Invo	lving I	Interest that an	ted Pers	sons. 'Yes' on Fo	 orm 990,	Part IV, Iı	ne 28	3a, 2	—— 3b, о	r 280		
(a) Name of interested person (b) Relationsh interested per			elationship ested persor organization	son and the transaction \$		(d) Des	(d) Description of transaction				organiz	aring of zation's nues?	
		<u> </u>										Yes	No
		1		-		·	-						
	*											ļ	
		-											

SCHEDULE O (Form'990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OCCA, INC. 56-2407791
Form 990, Part VI, Line 5 - Description of Material Diversion of Assets
Former Secretary of the organization diverted two leather jackets valued at \$1,000
for her own personal use. Upon discovery, the organization demanded the return of
those jackets and the resignation of the officer.
Form 990, Part VI, Line 10 - Form 990 Review Process
Form 990 was reviewed by the CFO before filing.
Form 990, Part VI, Line 11 - Officer, Director, Trustee, Key Employee Mailing Address
The President is Jean White located at 29049 Bedrock Ct, Nuevo, CA 92567. The
Secretary is Judy Robertson Holck located at 18820 Oriente Dr, Yorba Linda, CA
92886.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available
Financial documents are held by the CFO at the address listed on Form 990. Governing
documents and financial statements are available to the public upon written request.